

CASE NO. 1:22cv233
Bosarge, et al
VS. Edney, et al
PLAINTIFF'S EXHIBIT P-1
DATE _____ IDEN.
DATE 4/17/2023 EVID.
BY Anne Seyde
Deputy Clerk

MISSISSIPPI STATE DEPARTMENT OF HEALTH FORM INSTRUCTIONS

MEDICAL EXEMPTION REQUEST

FORM NUMBER F-139

REVISION DATE

RETENTION PERIOD The completed and signed form will be housed at the Mississippi State Department of Health and will be reviewed periodically to ensure validity.

PURPOSE To request a medical exemption from one or more required vaccination(s) for childcare or school entry in Mississippi.

INSTRUCTIONS

1. This form must be completed and signed by the child's pediatrician, family physician, or internist who is duly licensed in the state of Mississippi. The same pediatrician, family physician, internist, or tertiary care physician must be indicated on the form the medical condition of the child seeking exemption and indicate the exemption status for each of the listed vaccines. Children receiving specialized or tertiary care outside of the state may have medical exemption requests completed and signed by their tertiary care physician. These medical exemption requests will be reviewed on a case-by-case basis.
2. Each section of the Medical Exemption Request Form must be **fully completed**, to include an indication of the requested exemption status for each vaccine listed and indication of the medical reason for the exemption. The requesting physician will be contacted in the event that the medical exemption request is incomplete and not accepted.
3. The medical exemption request form should be sent to the Mississippi State Department of Health central office in Jackson at:

Mississippi State Department of Health
570 E. Woodrow Wilson, O-420
Attn: Public Health Program Specialist
PO Box 1700
Jackson, MS 39215-1700
Telephone: (601) 576-7751
Fax: (601) 576-7686

4. Review of all medical exemption requests will be conducted at the Mississippi State Department of Health by the State Epidemiologist or Deputy State Epidemiologist.
5. Follow up and request for additional information will be conducted by the State Epidemiologist or Deputy State Epidemiologist for out-of-state medical exemption requests if needed. The parent and the requesting physician will be contacted in the event that the out-of-state medical exemption request is not accepted.
6. Once the request is reviewed for completeness and accepted a Certificate of Medical Exemption (Form 122) will be issued. ONLY the Certificate of Medical Exemption (Form 122) signed and dated by the State Epidemiologist or Deputy State Epidemiologist provides official, documented proof that a child has been issued a medical exemption by the Mississippi State Department of Health. A copy of the Certificate of Medical Exemption (Form 122) will be mailed to the parent and the requesting physician.

OFFICE MECHANICS AND FILING

The original copy of the completed and signed Medical Exemption Request (Form 139) and Certificate of Medical Exemption (Form 122) will be housed at the Mississippi State Department of Health.

This form is NOT an official exemption and should not be misinterpreted as the certificate of Medical Exemption (Form 122).

Exemption from required immunizations for religious, philosophical, or conscientious reasons is not allowed under Mississippi law.

Medical Exemption Request

INSTRUCTIONS

- The child's pediatrician, family physician, or internist licensed in Mississippi must complete and submit this form to the State Epidemiologist or Deputy State Epidemiologist. Forms completed by a child's out-of-state tertiary care physician will be reviewed on a case-by-case basis.
- The State Epidemiologist or Deputy State Epidemiologist will complete the Medical Exemption (Form 122) and return a copy via mail to the physician and the parent at the addresses indicated below.

Date of Request _____

Name of Child _____ Date of Birth _____
Last First MI

Name of Parent	<i>Last</i>	<i>First</i>	<i>MI</i>
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Address _____

Street *City* *State* *Zip*

Indicate the exemption status for each vaccine in the table below (an exemption status is required for each vaccine):

Vaccine	Indicate Permanent, Temporary, or No Exemption	Expiration Date if Temporary
DTaP		
Hepatitis B		
*Hib		
IPV		
MMR		
%Pneumococcal		
**Tdap		
Varicella		

**For child care only.*

****For 7th grade entry only.**

Indicate reason for medical exemption (use additional sheets if needed)

Print name of child's pediatrician, family physician, or internist licensed in Mississippi (or out-of-state tertiary care physician)

Address _____

Street City State Zip

Telephone Number _____ Fax Number _____

I declare that:

- The physical condition of this child to be such that the vaccination(s) specified on this form would endanger their life or health and outweighs the risk of death or disability from the vaccine preventable disease.
- I have discussed the benefits and risks of immunizations with the parent/guardian as a condition for exemption.
- I have informed the parent/guardian that if any vaccine-preventable diseases for which the child has not been adequately immunized are occurring in or threatening to occur in the community, the child will, for the safety and benefit of him/herself and other children, be excluded from day care/school until the infectious disease is no longer present or is no longer a threat to the safety and welfare of the child or other children in the day care/school.

Signature of child's pediatrician/family physician/internist licensed in Mississippi _____
(Or out-of-state tertiary care physician)

Mississippi Medical License Number _____ NPI#: _____
(Or out-of-state tertiary care physician)

This document should be submitted to the State Epidemiologist or Deputy State Epidemiologist at MSDH in Jackson, Mississippi.

Mail to: MSDH Epidemiology Office, Post Office Box 1700, Jackson, Mississippi, 39215, or fax to (601) 576-7686